

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 615437 FILING DATE

APPLICANT(S)

D CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2	1				1	
3	1				1	
4	1				1	
5	4				4	
6	4				4	
7	4				4	
8	4				4	
9	4				4	
10	4				4	
11	1				X	X
12	1				X	
13	1				1	
14	1				1	
15	4				X	
16	4				X	
17	4				X	
18	4				X	
19	4				X	
20	4				X	
21	4				X	
22	1				X	
23	4				X	
24	4				X	
25	4				X	
26	1				X	
27	1				X	
28	1				X	
29	1				X	
30	1				X	
31					1	
32					1	
33					1	
34					1	
35					1	
36					1	
37					1	
38					1	
39					1	
40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.					3	
TOTAL DEP.					23	
TOTAL CLAIMS					26	

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

EXHIBIT 13

SERIAL NO. 09618437 FILING DATE
APPLICANT(S)

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	4					
6	4					
7	4					
8	4					
9	4					
10	4					
11	/					
12	X					
13	X					
14	X					
15	7					
16	/					
17	/					
18	/					
19	X					
20	/					
21	/					
22	/					
23	X					
24	X					
25	7					
26	/					
27	/					
28	/					
29	/					
30	/					
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	2					
TOTAL CLAIMS	2					

•		•		•	
IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					